



CLINICAL PSYCHOLOGY INTERNSHIP PROGRAM¹

Introduction

The Department of Psychology at Tripler Army Medical Center (TAMC) began our Clinical Psychology Internship Program (CPIP) in 1990. The program continues to exist for the purpose of producing fully qualified Army Psychologists and training civilians interested in becoming generalists in clinical psychology. This program represents one of five U.S. Army pre-doctoral internships. The internship is accredited by the *American Psychological Association (APA)* and maintains membership in *The Association of Psychology Postdoctoral and Internship Centers (APPIC)*. The internship is open to all students from APA accredited graduate programs in clinical or counseling psychology eligible to apply for their pre-doctoral internship. The military internship begins approximately the first week of October and ends 12 months later. The civilian internship begins approximately 1 September and ends 31 August of the following calendar year. Each year we accept (6) *full-time military interns* who enter active duty as commissioned officers at the rank of Captain and (2) *full-time civilian interns*. Civilian interns receive yearly compensation of \$35,875 plus benefits; military interns receive current Army Captain's pay \$3,771.30 per month plus extra pay for dependents/ prior time in service/ housing allowance. Current housing allowance for Captains in Honolulu without dependents (2012) is \$936.90 per month and cost of living allowance (COLA).

Overview of Tripler Army Medical Center

Tripler Army Medical Center is located on the beautiful island of O'ahu's Moanalua Ridge, just seven miles from Honolulu, overlooking Pearl Harbor and most of the southern coast of the island. Originally constructed in 1948, the architecturally distinct coral pink hospital is a familiar island landmark. The medical complex occupies 375 acres with 229 beds and routinely provides outpatient and inpatient care to over 580,000 beneficiaries, including: active duty members of all military services, family members and retirees, Pacific Island nation beneficiaries, military personnel and their family members attached to the U.S. Pacific Command throughout the Pacific Basin. In addition, interns will have access to workout facilities including a gym, running track, tennis courts, and swimming facilities for physical training.

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Overview of Department of Psychology

The Department of Psychology is an independent department within the hospital and is one of the largest departments of psychology within the Army. It maintains the largest number of graduate psychology training programs within the Army. Our mission includes service delivery, training, readiness, program development and research. In addition to the Clinical Psychology Internship Program for both military and civilians, the Department of Psychology offers postdoctoral APA approved fellowships for military and civilian fellows in Clinical Health Psychology and Clinical Child Psychology. Military fellowships are also available in Clinical Neuropsychology. We also have a robust graduate level practicum program which trains students from Hawaii clinical psychology graduate schools. Our Department is APA approved to provide continuing education for psychologists. Our programs represent several of the 17 specialty graduate training programs offered at TAMC.

The Department of Psychology provides high quality behavioral health care treatment for a wide range of medical and psychological issues and patient demographics. Clerical staff is available to assist with scheduling client appointments and facilitating intake paperwork when clients arrive to the department.

The Department is organized into Adult Psychology Services, Primary Care Psychology, Behavioral Medicine Service, Telebehavioral Health, Traumatic Brain Injury (TBI), Child/ Adolescent and Family Psychology Service, Clinical Neuropsychology Service, and Research Psychology Service. These services provide the venue through which faculty implement training curriculum to achieve training goals and foster the development of interns' core competencies. The Department of Psychology also has a strong focus on research highlighting implementation of protocols designed to broaden psychologists' scope of clinical practice, expand services through telehealth, explore the use of virtual reality in trauma treatment, and improve access to care for underserved populations. The Department has taken a leadership role in congressionally mandated programs to provide training and services to the rural underserved populations of Hawaii.

Philosophy and Goals of Training

The philosophy of the internship is based on the practitioner-scholar model and recognizes the developmental nature of training. The practitioner-scholar model emphasizes evaluation of research for the purpose of applying evidenced based psychology in the area of generalist clinical psychology practice. Interns come to the program with different levels of preparation and experience. Training must meet interns at their individual level of professional development and provide opportunities through which existing skills are developed and refined.

The goals of the training program are to ensure that all interns meet the appropriate developmental milestones for psychologists as outlined in the foundational and functional competencies of the *Assessment of Competency Benchmarks Work Group: A Developmental Model for Defining and Measuring Competence in Professional Psychology* found at <http://www.apa.org/ed/resources/index.aspx>.

Graduates of the training program are provided educational opportunities that meet these functional and foundational competencies. Graduates of the program will be well prepared to function as psychologists in their post-doctoral supervision period and should be very competitive for post-doctoral fellowships.

Training Objectives

The primary training objectives of our program are focused on the development of a number of core competencies identified by all Army Clinical Psychology Internship Programs. These core competencies are defined as being essential to the practice of clinical psychology within an Army setting. In addition, core competencies may also generalize to professional performance in the civilian community for our civilian interns.

1. **Assessment and Diagnosis.** Interns develop effective competence in psychological evaluation skills as they learn to comprehensively assess the nature of an individual's bio-psychosocial functioning. Evaluation methods include psychometric techniques, interview, observation, and analysis of collateral information. Interns primarily learn to evaluate adults, with a lesser emphasis on children, couples, and families. Patients present with a variety of issues and include referrals from throughout the hospital, outlying clinics, commanders, and self-referrals.
2. **Intervention.** Interns develop effective psychotherapeutic skills through refinement of existing abilities and training in additional treatment modalities. Training largely focuses on evidence based cognitive-behavioral interventions, using both individual and group techniques. However, interns become familiar with a variety of intervention strategies designed to be used with a broad array of patients. Every rotation emphasizes techniques for various forms of intervention. Although the program focuses on cognitive-behavioral interventions, supervisors also support interns in learning to conceptualize and treat patients using theories and techniques familiar to them from prior training and academic experiences. Interns are expected to formulate cases from a variety of theoretical perspectives.
3. **Consultation.** Interns develop effective skills as a result of consulting with medical professionals, allied mental health professionals, military commanders, school personnel, and other consultants as appropriate. The faculty teaches interns skills in rapid evaluation of patients, appropriate case disposition, and effective communication in responding to the needs and questions of both hospital and community referral sources.
4. **Research.** Interns are strongly encouraged to complete their dissertations or doctoral projects by the end of the internship year. Once completed, interns may work with faculty or fellows on their respective research projects. The faculty emphasizes a model of scientific research designed to inform clinical practice.
5. **Supervision and Teaching.** Interns are responsible for developing and conducting professional presentations on psychological topics for the hospital staff and/or military personnel.
6. **Ethical Awareness.** Ethical issues and appropriate solutions to ethical dilemmas are emphasized throughout the internship year. Case conferences and ongoing supervision provide discussion of ethical issues throughout the training year.
7. **Professional Development.** Promoting each intern's professional development is an integral part of their training experiences. This development takes place throughout the year in the daily routine of the internship. The internship also emphasizes leadership development as military interns will assume the role of "Chief Psychology Intern." Professional development is further fostered as interns are encouraged to participate in program development within rotations.

8. **Cultural Diversity.** Cultural diversity is a high priority in teaching clinical assessment and intervention skills. Through didactics and general awareness of issues of race, ethnicity, age, gender, and other unique characteristics (i.e. military culture), interns are expected to be sensitive and responsive to these issues. Hawaii offers an extremely rich opportunity to study and become immersed in cultural diversity. Tripler, the rural health clinics, and Schofield Barracks offer unique cultural diversity experiences for interns as they are given the opportunity to interact with clients from at least ten different international cultures.

Structure of the Training Year

Core competencies will be reinforced in all aspects of training. All interns participate in providing primary care services one day per week. Civilians perform primary care in rural Community Health Centers on Oahu while military interns do so in TAMC primary care clinics. All interns complete a 4 month (3 months if it is the last rotation of the year) Adult Assessment and Intervention rotation through Adult Psychology Services. Faculty and interns collaborate to choose two of three rotations (Health, Child and Family, or Neuropsychology) with the goal of developing well rounded generalist clinicians. Each rotation is three days per week for four months (three months if it is the last rotation of the year). Friday is devoted to administrative meetings, didactics, two hours of patient care, and two hours of program development. During the year, approximately 6 to 8 guest speakers are invited to provide two day trainings. (Previous guest speakers have included: Dr. Roger Greene, Dr. Paul Greene, Dr. Andrasik, and Dr. Jon Kabat-Zinn). Normal clinic duty hours are 0600 hours to 1630 hours for military interns, and 0730 hours to 1630 for civilian interns for Tripler, Monday through Friday.

Curriculum:

Interested applicants may e-mail the Director of Training, Major Brian O'Leary brian.d.oleary@us.army.mil to request checklists for various rotational requirements. The program is accredited by the APA Commission of Accreditation:

American Psychological Association Commission on Accreditation

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APPIC Central Office

17225 El Camino Real, Suite #170
Houston Tx 77058-2748
P: 832.284.4080
F: 832.284.4079

Application Process

This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.

The application deadline is **November 8, 2012**. Applicants must be US citizens. Phone interviews of select applicants will be conducted during the first two weeks of January **2012**. As a result of the expense of traveling to Hawaii, phone interviews are acceptable and inability to attend invitational interviews is not viewed negatively. Applicants are encouraged to interview in person if possible so they can tour our facilities, meet faculty and current students to ensure that they feel TAMC will be a good fit for their goals. All applicants who live in Hawaii at the time of application are required to participate in face-to-face interviews.

Applicants who have not successfully defended their doctoral or clinical research project proposal prior to the CPIP board in JAN 2012 will not be considered. If an applicant completes the proposal after the NOV 08 application deadline, the applicant must have their Director of Training from their doctoral institution send a letter to the Director of Training, TAMC CPIP certifying completion.

There are no exceptions to this policy.

MCHK-PH

Department of Psychology, Tripler Army Medical Center Director of Training, TAMC, CPIP

1 Jarrett White RD

Honolulu, HI

96859-5000

Application for Tripler Army CPIP

a. All applicants for the Tripler Army CPIP must contact a local Army Medical Department Recruiter to begin the application process. Contacting the recruiter no later than August is highly recommended in order to allow the applicant and the recruiter time to ensure all Army application criteria (e.g. health physicals, medical waivers, etc.) are completed in a timely manner. To find the nearest recruiter, go to <http://www.goarmy.com/amedd/>. Once logged into the site, select the “Locate a Recruiter” link. Once inside the link, type your zip code, and the nearest recruiting station will appear. Your recruiter will assist you in completing the application process and take all of your application materials. If you have difficulty finding or contacting a local recruiter you may call 1-888-550-ARMY or go to: <http://www.goarmy.com/amedd.html>

b. All applicants for the Army TAMC CPIP must complete the APPIC Application for Psychology Internship and select the Tripler CPIP as a site of interest. Applicants must upload into the AAPI the following documents:

- (1) Graduate transcripts
- (2) Three letters of recommendation
- (3) Curriculum Vitae
- (4) Written sample of a psychological assessment sample including formal psychometrics, preferably reflecting actual clinic work

Appendix C: Internship Website

(5) Written case conceptualization and treatment plan, preferably reflecting actual clinic work. (A blank case conceptualization work sheet is included as the last page in the document to assist with this write up)

(6) Sign and upload the letter from the Army Psychology Consultant written to CPIP applicants. We highly recommend that you call the Director of Training to ensure all your application materials are visible to the Director of Training. Interns who do not submit all materials as per above will not be considered.

Civilian Candidates

a. Civilian candidates will complete the APPIC application. In addition, the Internship must receive the following materials:

(1) Graduate transcripts;

(2) Three letters of recommendation;

(3) Curriculum Vitae;

(4) Written sample of a psychological assessment sample including formal psychometrics, preferably reflecting actual clinic work;

(5) Written case conceptualization and treatment plan, preferably reflecting actual clinic work. (A blank case conceptualization work sheet is included as the last page in the document to assist with this write up). We highly recommend that you call the Director of Training to ensure your application is visible to the Director of Training. Interns who do not submit all materials as per above will not be considered.

Requirements for Completion of Internship

The following procedures are used for formal evaluative sessions.

A. Basic Skills Evaluation: An initial evaluation of each intern's skills is conducted prior to beginning the first rotation. This evaluation along with the intern's prior training history is used to make rotation recommendations and generally inform the staff of the intern's strengths and weaknesses.

B. Rotational Evaluation: Rotational Evaluations ensure that interns and faculty have clear expectations about the experiences the rotations offer as well as requirements for successful rotation completion. The structure of these evaluations is aligned with the domains of competence emphasized throughout the training year. Interns and supervisors are required to discuss these requirements within the first supervision session. These evaluations also include a section titled "Resources." The purpose of the "Resources" section is to provide interns with information that maximizes their potential for success. Supervisors and interns should review the evaluation as an ongoing process. If the supervisor feels that an intern is not meeting the requirements of the evaluation, the supervisor needs to immediately bring concerns to faculty with a suggested remediation plan. Interns are responsible for identifying any concerns they have about meeting these requirements as soon as these concerns develop.

1. The rotation supervisors and DOT will meet to discuss intern progress at the end of each rotation.
2. Interns meet with the DOT, rotation supervisor, and other faculty as appropriate (e.g. faculty or student concerns about feedback given).

Appendix C: Internship Website

C. Transition to Practice Examination (TPE) examinations are conducted orally with 3 or more internship faculty evaluators. These examinations are completed twice a year, about the 6th and 9th month. During these examinations, the intern's ability to demonstrate case conceptualization, diagnostic, treatment planning, risk assessment, and ethics competencies is assessed. After a 30 minute individual review of a case vignette including related psychometrics, without the utilization of reference materials, the intern is required to provide a 20 minute presentation to the evaluating faculty covering these areas. The focus is on an integration of knowledge acquired primarily, though not exclusively, through the core skills training activities. The requirements and grading criteria for the Transition to Practice Examination are located in Appendix F of the intern handbook. Interns are highly encouraged to work with supervisors in presenting cases during supervision in accordance with the TPE format. This format maximizes skill development for case presentation.

D. Faculty may, at their discretion, randomly evaluate work samples, i.e., chart reviews. Further, the Quality Improvement peer review provides faculty access to interns' charts. AHLTA (our computer system for note-taking/ medical records) also serves as a source for evaluation. Supervisors are required to co-sign all AHLTA notes.

E. In the event an intern's progress is considered inadequate, increased supervision and/or modification of training experience are discussed and instituted as necessary. Should performance and progress not improve to predetermined, objectively definable levels, processes to consider formal training status modification are instituted. (IAW Section VII, Disciplinary Matters and Insufficient Progress).

F. The military interns' end of course evaluations also include an Officer Evaluation Report (OER), which summarize the entire training year. The DOT is the rater and the Chief, Department of Psychology serves as the senior rater.

G. In order for a military intern to attend the first post-internship assignment, each military intern must meet Army physical fitness and weight requirements. Each military intern will complete two record (2) Army Physical Fitness Tests (APFT) during the training year and meet Army body fat standards. The Company Commander is the proponent for the APFT. All soldiers are required to take the APFT whenever the Company Commander requires. A physical fitness program is mandatory for military interns and will be conducted by the NCOIC or designated representative. Interns who do not pass a company level recorded APFT are required to participate in a mandatory physical training program until they pass.

INTERNSHIP FACULTY

Brown, Kathleen, Ph.D. Director of Training, Clinical Health Psychology Fellowship. Clinical/Health Psychologist. Dr. Brown provides supervision of medical and psychology interns, residents, post-doctoral fellows and practicum students in Health Psychology. She is also a faculty member for APA-accredited clinical psychology internship and Health Psychology post-doctoral fellowship programs. Ph.D. received from Rosalind Franklin University of Medicine and Science.

Cho-Stutler, Laura.Psy.D. Deployment Behavioral Health Psychologist from the Center of Deployment Psychology. Degree received from Argosy University, HI.

Chung, Geoffrey Ph.D. Director of Training, Clinical Child Psychology Postdoctoral Residency Program. Dr. Chung provides supervision of trainees; individual, family and group therapy; consultation & liaison services; psychological assessment/evaluation; Research-project investigator; and serves as research coordinator. Degree received from University of Oregon.

Combs, Brian Ph.D. Staff Neuropsychologist. Dr. Combs provides Neuropsychological Evaluations as well as supervision to fellows and interns. He is also responsible for consultation and participation in multidisciplinary teams. Degree received from Illinois Institute of Technology. ABPP- Clinical Neuropsychology.

LCDR Cua, Eduardo Psy.D. Clinical Director, Tele-Behavioral Health Service. Degree received from Argosy University.

Fair, Christine Ph.D. Chief, Warrior Behavioral Health Clinic. Dr. Fair provides managerial supervision over the clinical and procedural operations of the Warrior Behavioral Health Clinic. She provides direct supervision of 6 psychiatrists, 6 psychologists, 9 social workers and provides senior rater oversight of an additional 14 staff conducting all deployment/ redeployment health evaluations and treatment. The Warrior Behavioral Health Clinic averages 5,000 encounters monthly, servicing approximately 15,000 warriors. She provides direct clinical supervision and training to doctorate level therapists, psychology residents, and pre-doctoral students. Dr. Fair provides psychological evaluations, testing, and psychotherapy for active duty soldiers on a full range of diagnoses. She assesses warriors for deployability status, medical fitness for duty, and security clearance evaluations. Degree received from Arizona State University.

Folen, Raymond Ph.D. Chief, Department of Psychology. Dr. Folen is the Chief of the Department of Psychology consisting of the Behavioral Health/Medicine Service, Adult Outpatient Service, Child Psychology and Family Services, Traumatic Brain Injury Clinic, Integrated Pain Program, and several training programs (Practicum, Internship, Military Residency, Clinical Postdoctoral Fellowships, and the Continuing Education Program). He has overall supervisory responsibility for 12 professional staff and is the primary investigator for 6 funded research projects. Degree received at University of Hawaii, ABPP in Clinical Psychology.

Hanawahine, George Ph.D. Chief, Child, Adolescent, & Family Services. Degree received from University of Oregon, Department of Counseling Psychology (2004).

Izuka, Karla Psy.D. Primary Care Psychologist. Degree received from Argosy University-Hawaii (2002). Interests: Behavioral Medicine.

Kellar, Michael Psy.D. Chief, Behavioral Medicine Service/ Health Psychologist. Dr. Kellar is involved in the oversight and management of seven clinics in four high volume outpatient programs (Primary Care, Obesity Management, Tobacco Cessation, and Biofeedback & Psychophysiology). Principal clinical responsibilities involve the provision of behavioral medicine services to military personnel and family members assigned to the Pacific Region. Administrative responsibilities also involve direct supervision or oversight of Health Psychologists, Fellows, Interns, and psychological technicians. Faculty responsibilities include teaching and clinical supervision in APA approved Clinical Psychology Internship and Fellowship programs. Additional faculty responsibilities involve clinical supervision of practicum students and the provision of health psychology related training in the Psychiatry Residency Program. Degree received from Forest Institute of Professional Psychology.

LT Lees, Brian. Psy.D., Clinical Psychologist. Degree received from Argosy University, Honolulu.
Machiels, Sandra Psy.D., Clinical Health Psychologist. Dr. Machiels provides direct patient care for Behavioral Medicine, Health Psychology Service. Services include providing diagnostic Health Psychology evaluations and weekly individual psychotherapy, assisting with Tobacco Cessation groups, and providing consultation to various medical clinics in the medical center. Degree received from Argosy University, Hawai'i.

MAJ O'Leary, Brian, Ph.D. Director of Training, Clinical Psychology Internship. Major O'Leary coordinates, implements, and supervises the APA-Approved Clinical Psychology Internship Program along in a manner that fully prepares trainees to serve as leaders of psychological health within the military environment. Ensures training needs are integrated with the need to provide services for 436,000 beneficiaries in accordance with department policies. Coordinates with elements of Pacific Rim Medical Command (PRMC) to ensure trainees are included in psychological health outreach programs. He serves as a provider of adult psychological health care within the Adult Psychology Service. Degree received from Utah State University.

Panos, Jill Psy.D. Pain Rehabilitation Psychologist. Dr. Panos serves within an interdisciplinary Pain Rehabilitation program including delineation of pain psychology services including biopsychosocial group and individual intervention and assessment. She participates in Psychology Faculty through provision of supervision and training to trainees within the psychology department including practicum students, interns, fellows, and military mental health technicians. She also participates in program development within the Pain Rehabilitation Program including the Integrative Pain Clinic and facilitating clinical meetings. Degree received from Argosy University - Hawaii.

Purcell, Heather Psy.D. Chief, Adult Psychology Service. Dr. Purcell provides psychological assessment and treatment to active duty service members, retirees, family member dependents of all military branches, Army Guard and National Guard. One primary focus of the service is the treatment of military-related PTSD sexual or combat-related with 3 evidenced-based treatment protocols: PE, CPT, and EMDR. Another primary focus is the training of both military and civilian interns within the internship, as such; an integral part of her responsibilities is the supervision of every intern both in treatment and assessment. In addition, there are administrative and programmatic responsibilities as Chief of the Adult Service. Degree received from University of Denver.

Rothschiller, Richard, Psy.D. Clinical Psychologist, Department of Psychology. Dr. Rothschiller provides supervision to clinical psychology interns in the Family Medicine primary care clinic within Tripler Army Medical Center as well as providing clinical psychological services. Degree received from American School of Professional Psychology at Argosy University/Hawai'i.

CAPT Salas, Rafael Psy.D. Chief, Education & Training Branch, Deputy Chief, Department of Psychology. CAPT Salas provides overall direction of Program in clinical psychology with three specialty practice areas. He provides training to post-doctoral fellows. Professional interests include: psychopharmacology, PTSD, and cultural diversity. Degree received from University of Pennsylvania.

LCDR Steele, Angela Psy.D. Director of Training, Warrior Transition Battalion Wellness Program. Lcdr Steele provides direct supervision of 3 program staff, 1 advanced practicum student, 3 psychology interns, and 5 psychology residents. Degree received from Forest Institute of Professional Psychology.

MAJ Stetz, Melba Ph.D. Research Manager and Investigator. MAJ Stetz is responsible as a research coordinator and providing research supervision as well as performance improvement within the Department of Psychology. Degree received from Carlos Albizu University, PR.

LT Tyson, James Psy.D. Clinical Health Psychologist. Degree received from American School of Professional Psychology at Argosy University.

Umetsu, Doug Ph.D. Chief, Neuropsychology Service/ Clinical Neuropsychologist. Dr. Umetsu provides supervision of trainees, provides clinical neuropsychological services, and has administrative responsibilities. Degree received from Fuller Theological Seminary Graduate School of Psychology.

Verschell, Mark Ph.D. Staff Psychologist. Degree received from American School of Professional Psychology. Interests: Data Collection and Storage Methods, Telehealth Applications, Behavioral Medicine.

Yamashita, Jennifer Ph.D. Director, Neuropsychology Fellowship Training. Dr. Yamashita provides adult through geriatric population specialized Neuropsychological services for comprehensive evaluation and recommendations of assigned inpatient or outpatient active duty service members, their families, and other qualified VA or DoD beneficiaries. She functions as a consultant and resource person for other clinical psychologists, medical staff and other patient care professionals throughout the Pacific Basin. She provides recommendations in the Neuropsychological assessment report that address issues that may include fitness for duty, neurobehavioral management, cognitive remediation/rehabilitation, psychoeducation, psychological/psychiatric treatment, suggested follow-up, and additional consultations. Degree received from University of Hawaii.

Yano, Beth Ph.D. Staff Psychologist, Child Psychology Service. Dr. Yano provides direct clinical services, clinical supervision, program development, training and management support to TAMC Psychology and WHCHC Behavioral Health programs. She serves as coordinator/supervisor of practicum training and adjunct supervisor for internship and fellowship training programs. Populations served include children, teens, families, and adults with behavioral, psychological, medical, and trauma related issues. Specific services include assessments; individual, group and family therapies; behavioral health consultation; medical/psychopharmacological consultation; and staff development and training. She provides coordination, training and direct service support to community-based programs focused on preventive, pro-active interventions in support of military families. Programs include the Soldier and Family Strong Hawaii and Couples Strong Workshops. Degree received from University of Oregon Ph.D.

Case Conceptualization Checklist

I. Referral question

a. List the referral source _____

b. List the reason for referral _____

c. List the reason(s) the referral was made when it was made – the “why now.” _____

II. Diagnostic formulation

a. Presenting symptoms: _____

b. FIDO-I: Please check “Yes” or “No” regarding your opinion about whether or not the presenter sufficiently answered the following so that differential DSM-IV diagnoses are possible:

i. Frequency Yes _____ No _____

ii. Intensity Yes _____ No _____

iii. Duration Yes _____ No _____

iv. Onset Yes _____ No _____

v. Impairment Yes _____ No _____

c. Previous history of these symptoms? _____

d. DSM-IV

i. Axis I _____

ii. Axis II _____

iii. Axis III _____

iv. Axis IV _____

v. GAF (Highest Past) _____ (Current)

e. Safety Issues. _____

f. Ethical Issues. _____

III. Clinical formulation (Explanatory mechanism for understanding the reason this particular patient is experiencing these particular issues at this particular time)

Consider the following

a. Precipitating stressors _____

b. Predisposing events and conditions _____

c. Mechanism

i. Orientations _____

1. Biological _____

2. Developmental _____

3. Systemic _____

4. Interpersonal _____

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5. Cognitive ____

6. Health ____

7. Experiential ____

8. Cultural ____

9. Behavioral ____

d. Strengths and vulnerabilities of the patient _____

e. Resources and needs of the patient _____

f. Summarize the explanatory mechanism(s) regarding this patient. Please label the theoretical approach or approaches taken and list rationale.

IV. Treatment

a. Client's goals Yes ____ No ____

b. Organization goals Yes ____ No ____

c. Client's expectations Yes ____ No ____

d. Organization expectations Yes ____ No ____

e. Treatment goals Yes ____ No ____

f. Treatment plan Yes ____ No ____

g. Predict course of treatment Yes ____ No ____

h. Predict outcomes Yes ____ No ____

i. Barriers to treatment Yes ____ No ____ 1

Are the diagnostic and clinical formulation clearly tied to the treatment plan? Defend your answer.
